



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	17	Application No.	10/029,158
		Filing Date	December 21, 2001
		First Named Inventor	Nam P. Suh et al.
		Examiner Name	RACHUBA, Maurina T.
		Group Art Unit	3723
		Attorney Docket No.	A-69175-1/MSS (463035-650)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) 1 edited page of Figure 9B	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check No. 6757 in the amount of \$492.00 (\$144 for additional claims; \$420 for 2 nd month extension of time as a large entity) & a self-addressed stamped Postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Supplemental Information Disclosure Statement (3 pgs.)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Maria S. Swiatek, Reg. No. 37,244 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone: (650) 494-8700 Facsimile: (650) 494-8771	Customer Number 32940
Signature		
Date	September 13, 2004	
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:		
Typed or printed name	Kari Bateman	
Signature		Date September 13, 2004



APPLICATION
FEE TRANSMITTAL SHEET
(FY 2004)

Complete if Known	
Application No.	10/029,158
Filing Date	December 21, 2001
First Named Inventor	Nam P. Suh et al..
Group Art Unit	3723
Examiner Name	RACHUBA, Maurina T.
Atty. Docket Number	A-69175-1/MSS (463035-650)

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METHOD OF PAYMENT (Check One)		FEE CALCULATION (Continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>50-2319</u> Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Check Enclosed		Large Entity Fee	Small Entity Fee	Fee Description	Fee paid
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee	Small Entity Fee	Fee Description			
160	80	<input type="checkbox"/> Provisional Filing Fee			
770	385	<input type="checkbox"/> Utility Filing Fee			
340	170	<input type="checkbox"/> Design Filing Fee			
770	385	<input type="checkbox"/> Reissue Filing Fee			
Subtotal (1)		\$0.00			
2. EXTRA* CLAIM FEES					
Number Claims	Prior	Extra	Fee from Below*	Fee Paid	
Total	- 20	= 8	x 18	=	144.00
Indep.	- 3	=	x 43	=	
Multiple Dependent Claims		=	x	=	
Subtotal (2)		\$144.00			
*Calculation of Extra Claim Fees					
Large Entity Fee	Small Entity Fee	Fee Description			
18	9	Claims in excess of 20			
86	43	Independent claims in excess of 3			
290	145	Multiple dependent Claim			
84	42	Reissue independent claims over original patent			
18	9	Reissue claims in excess of 20 and over original patent			
		OTHER FEE (specify):			
		Subtotal (3)		\$0.00	
		Total Amount of Payment:		\$564.00	

Submitted by:

Name: Maria S. Swiatek	Reg. No.: 37,244	Telephone: 650-494-8700
DORSEY & WHITNEY LLP	Four Embarcadero Center, Suite 3400 San Francisco, California 94111-4187	Customer Number 32940
Signature:	Date: September 13, 2004	